

**GRAND COUNTY TREASURER
AUTHORIZATION AGREEMENT
FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

I _____ (name) hereby authorize Grand County to make payment of any amounts owed to me by initiating credit entries (ACH) to my account at the Bank indicated below and, if necessary, to reverse any incorrect credit entries made in error to my bank account. I hereby authorize and request the Bank to accept any entries initiated by Grand County and to credit all such entries to my account without liability for the correctness of the entries.

Name: _____

Address: _____

Email: _____

Account Name: _____

Bank Name/Address: _____

Bank ABA/Routing No: _____

Bank Account Number: _____

Account Type: Checking

Savings

This agreement is to remain in full force and effect until Grand County has received written notification from me of my termination in such time and manner to afford Grand County and the Depository a reasonable opportunity to act on it. It is the responsibility of me to fill out a new agreement if I change banks or accounts or if I am notified of a change in my bank's routing number or account number.

Signature _____

***** PLEASE ATTACH A COPY OF A VOIDED CHECK*****